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Atty Docket No. 021911-000400US

PTO FAX NO.: (571) 273-8300

ATTENTION: Examiner Larry R. Helms

Group Art Unit 1642

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Application No. 10/016,686, filed November 2, 2001 for ANTIBODIES are being facsimile
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Documents Attached

1. Transmittal Form (1 pg.)
2. Petition for Extension of Time (1 pg., 1 dup.)
3. Amendment (6 pgs.)

Number of pages being transmitted, including this page: 10

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Pamela Skelton

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/016,686
	Filing Date	November 2, 2001
	First Named Inventor	Kingsman, Alan
	Art Unit	1642
	Examiner Name	Larry R. Helms
Total Number of Pages in This Submission	Attorney Docket Number	021911-000400US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature	<i>Karen Babysak Dow</i>	
Printed name	Karen B. Dow	
Date	July 21, 2005	Reg. No. 29,684

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature	<i>Pamela Skelton</i>		
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